

TOM SCHEDLER  
SECRETARY OF STATE

STATE OF LOUISIANA  
SECRETARY OF STATE



Commercial Division  
(225) 925-4704

Fax Numbers  
(225) 932-5317 Administrative Services  
(225) 932-5314 Corporations  
(225) 932-5318 UCC

**TRANSMITTAL INFORMATION  
For All Business Filings**

Please indicate below the level of service requested, payment and contact information

☐

Routine

☐

Expedite \$30  
24 hour processing

☐

Check or Money Order Enclosed

☐

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Business Name (List **exactly** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

**NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.la.gov](http://www.sos.la.gov)

Tom Schedler  
Secretary of State



## ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Low- profit Limited Liability Company

Enclose \$100.00 filing fee  
Make remittance payable to  
Secretary of State  
*Do not send cash*

Return To: Commercial Division

P. O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone (225) 925-4704  
Web Site: [www.sos.la.gov](http://www.sos.la.gov)

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

1. The name of this limited liability company is : \_\_\_\_\_

2. This company is formed for a purpose that satisfies the requirements of Act 417 of 2010.

The primary purpose of the low-profit limited liability company is as follows:

\_\_\_\_\_  
\_\_\_\_\_

3. The duration of this limited liability company is : (may be perpetual) \_\_\_\_\_

4. Other provisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared

\_\_\_\_\_, to me known to be the person described in and who

executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.

**NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #**

\_\_\_\_\_  
Notary Signature

## INSTRUCTIONS

**NOTE:** This form contains only the minimum provisions required by law to be set forth in Articles of Organization. Additional provisions may be advisable or necessary, depending on the specific needs of each company. Consideration should be given to the advantages and disadvantages of forming a limited liability company, and the legal and tax consequences. You are strongly advised to seek legal advice from an attorney and tax and other business advice from an accountant.

1. File the Articles of Organization, and the domestic limited liability company Initial Report (form 973) which contains an agent affidavit and the requisite \$100 filing fee with the Secretary of State's office.
2. The Articles of Organization and the Initial Report may be delivered to the Secretary of State's office in advance, for filing as of any specified date (and any given time on such date) within thirty days after the date of delivery. Request should be made in writing and must be submitted along with the Articles of Organization and the Initial Report.
3. The Articles of Organization cannot be accepted for filing unless an Initial Report (form 973) is also filed. Upon filing with our office, you will receive a certificate of organization. Certified copies are available at a cost of \$15 each. Additional certificates are \$20 each.
4. If the Articles of Organization are filed within five (5) working days (exclusive of legal holidays) after acknowledgment, the existence shall begin as of the time of such acknowledgment.



**LIMITED LIABILITY COMPANY INITIAL REPORT**  
(R.S. 12:1305 (E))

1. The name of this limited liability company is : \_\_\_\_\_
2. The location and municipal address, not a post office box only, of this limited liability company's registered office:  
\_\_\_\_\_
3. The full name and municipal address, not a post office box only, of each of this limited liability company's registered agent(s) is/are:  
\_\_\_\_\_  
\_\_\_\_\_
4. The names and municipal addresses, not a post office box only, of the first managers, or the members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be signed by each person who signed the articles of organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE**

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

Registered agent(s) signature(s):

\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me, the undersigned Notary Public, on this date: \_\_\_\_\_

**NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #**

\_\_\_\_\_  
Notary Signature

## INSTRUCTIONS

1. An Initial Report must be completed and filed with the Articles of Organization of a Limited Liability Company.
2. The name shall contain the words "low-profit limited liability company", the abbreviation "L3C", or the abbreviation "l3c".
3. If no first managers or members have been selected when the Initial Report and Articles of Organization are filed, a Supplemental Report, setting forth their names and addresses must be filed in accordance with R.S. 12:1305 (E)4.
4. The Affidavit of Acknowledgement and Acceptance contained on the bottom of this form must be signed by each registered agent before a notary public.